



An Ghníomhaireacht um
Leanaí agus an Teaghlach
Child and Family Agency

Alternative Care - Inspection and Monitoring Service

Children's Residential Centre

Centre ID number: 149

Year: 2023

Inspection Report

Year:	2023
Name of Organisation:	24Hr Care Services Ltd
Registered Capacity:	Four young people
Type of Inspection:	Unannounced
Date of inspection:	24th & 25th January 2023
Registration Status:	Registered from 14th March 2022 to 14th March 2025
Inspection Team:	Lisa Tobin Sharon Mc Loughlin
Date Report Issued:	03/05/2023

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1. Information about the inspection process

The Alternative Care Inspection and Monitoring Service is one of the regulatory services within Children's Service Regulation which is a sub directorate of the Quality and Regulation Directorate within TUSLA, the Child and Family Agency.

The Child Care (Standards in Children's Residential Centres) Regulations, 1996 provide the regulatory framework against which registration decisions are primarily made. The National Standards for Children's Residential Centres, 2018 (HIQA) provide the framework against which inspections are carried out and provide the criteria against which centres' structures and care practices are examined.

During inspection, inspectors use the standards to inform their judgement on compliance with relevant regulations. Inspections will be carried out against specific themes and may be announced or unannounced. Three categories are used to describe how standards are complied with. These are as follows:

- **Met:** means that no action is required as the service/centre has fully met the standard and is in full compliance with the relevant regulation where applicable.
- **Met in some respect only:** means that some action is required by the service/centre to fully meet a standard.
- **Not met:** means that substantial action is required by the service/centre to fully meet a standard or to comply with the relevant regulation where applicable.

Inspectors will also make a determination on whether the centre is in compliance with the Child Care (Standards in Children's Residential Centres) Regulations, 1996. Determinations are as follows:

- **Regulation met:** the registered provider or person in charge has complied in full with the requirements of the relevant regulation and standard.
- **Regulation not met:** the registered provider or person in charge has not complied in full with the requirements of the relevant regulations and standards and substantial action is required in order to come into compliance.

National Standards Framework



1.1 Centre Description

This inspection report sets out the findings of an inspection carried out to determine the on-going regulatory compliance of this centre with the standards and regulations and the operation of the centre in line with its registration. The centre was granted its first registration on the 14th March 2019. At the time of this inspection the centre was in its second registration and was in year one of the cycle. The centre was registered without attached conditions from 14th March 2022 to 14th March 2025.

The centre was registered as a multi-occupancy service for medium to long term care for up to four young people aged thirteen to seventeen upon admission. The centre aimed to provide young people with trauma-informed care and to promote positive outcomes through education and building good family contact. The statement of purpose stated that they would build trusting and co-operative relationships with young people and identify their strengths and resilience's. There were two children living in the centre at the time of the inspection.

1.2 Methodology

The inspector examined the following themes and standards:

Theme	Standard
4: Health, Wellbeing and Development	4.3
5: Leadership, Governance and Management	5.2
6: Responsive Workforce	6.1

Inspectors look closely at the experiences and progress of children. They considered the quality of work and the differences made to the lives of children. They reviewed documentation, observed how professional staff work with children and each other and discussed the effectiveness of the care provided. They conducted interviews with the relevant persons including senior management and staff, the allocated social workers and other relevant professionals. Wherever possible, inspectors will consult with children and parents. In addition, the inspectors try to determine what the centre knows about how well it is performing, how well it is doing and what improvements it can make.

Statements contained under each heading in this report are derived from collated evidence. The inspectors would like to acknowledge the full co-operation of all those concerned with this centre and thank the young people, staff and management for their assistance throughout the inspection process.

2. Findings with regard to registration matters

A draft inspection report was issued to the registered provider, senior management, centre manager and to the relevant social work departments on the 9th March 2023. The registered provider was required to submit both the corrective and preventive actions (CAPA) to the inspection and monitoring service to ensure that any identified shortfalls were comprehensively addressed. The suitability and approval of the CAPA was used to inform the registration decision. The director of service returned the report with a CAPA on the 24th March 2023. This was deemed to be satisfactory and the inspection service received evidence of the issues addressed.

The findings of this report and assessment of the submitted CAPA deem the centre to be continuing to operate in adherence with regulatory frameworks and standards in line with its registration. As such it is the decision of the Child and Family Agency to register this centre, ID Number: 149 without attached conditions from the 14th March 2022 to the 14th March 2025 pursuant to Part VIII, 1991 Child Care Act.

3. Inspection Findings

Regulation 10: Health Care

Regulation 12: Provision of Food and Cooking Facilities

Theme 4: Health, Wellbeing and Development

Standard 4.3 Each child is provided with educational and training opportunities to maximise their individual strengths and abilities.

Inspectors found that the young people in the centre were provided with appropriate supports in order to achieve their desired educational programme. Both young people were enrolled in a mainstream education facility in the area where their family was located, which allowed for consistency and continuation of education with as little disruption as possible. Inspectors found that the staff team along with the young people, social workers and family identified the individual interests, strengths and abilities to ensure they had the supports required to participate actively in their education. Education was on the agenda at team meetings, weekly planning meetings and was identified as part of the young people's goals in their placement support plans.

The young people were supported by the staff team attending school with lifts provided to and from school. Relevant resources were put in place including any financial support required from the centre. Clothes, schoolbooks, lunches and pocket money was provided to the young people to ensure they had what was required to complete their school day. Inspectors reviewed the young people's files and saw that there was regular contact between the staff and the schools by phone, email and with regular professional meetings which outlined where the young person was at in their education and what was planned for the young person moving forward into the senior cycle.

Inspectors saw that one young person was having ongoing issues with their school placement which resulted in frequent meetings with the school, a suspension and a report card. Alongside this, inspectors saw how the team worked with this young person on addressing the importance of attending education which resulted in better attendance in school and better behaviour while present. Inspectors saw evidence of social work involvement in conjunction with the team advocating for this young person to remain in the school placement and to have the appropriate supports from the school available to the young person given their circumstances. Future planning

for the next school year had commenced regarding a new suitable school placement near the centre as requested by the young person and was agreed by the social worker and family as a better solution for the young person. One social worker had linked with the education welfare officer and reported to inspectors that they were very supportive in addressing the educational issues with the school.

One young person had undergone an educational assessment two years previous, and the school were supporting them with the recommendations outlined. A request for funding was made to a social worker for an educational assessment for one young person. The social worker told inspectors this was no longer required due to improvements made by the young person. Inspectors reviewed the young people's educational files and saw contacts with relevant people, educational reports and achievements made to date.

Compliance with Regulation	
Regulation met	Regulation 10 Regulation 12
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Standard 4.3
Practices met the required standard in some respects only	Not all standards under this theme were assessed
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required:

- No actions required.

Regulation 5: Care Practices and Operational Policies

Regulation 6: Person in Charge

Theme 5: Leadership, Governance and Management

Standard 5.2 The registered provider ensures that the residential centre has effective leadership, governance and management arrangements in place with clear lines of accountability to deliver child-centred, safe and effective care and support.

Inspectors found that there was good leadership in the centre by the centre manager and the deputy manager which was noted during the file review and during the interview with the centre manager. The centre manager and deputy manager were both experienced in social care and had relevant qualifications to execute the managerial roles they held. There was a focus on learning and quality improvement from their work with the young people which was evident in the discussions in team meeting minutes and as stated by the staff in their interviews.

There were governance arrangements in place with oversight and leadership at all levels which was noted while reviewing audits and management meeting minutes. Inspectors found that staff had an awareness of the organisational structure and knew who they could contact if an issue arose. There was a service level agreement in place with Tusla and was due to be renewed after the inspection. As part of this process, the national private placement team were sent six monthly updates on the placements of the young people as part of the contracting agreement.

The centre manager was identified as the person in charge. The centre manager held accountability, responsibility and authority over the delivery of service. This was evidenced through interview, file review and in feedback from the staff. The centre manager had a weekly routine where they scheduled tasks to be completed by the management team which showed good planning, oversight, and delegation of tasks.

Inspectors saw that policies and procedures were updated and reviewed in June 2022 by the Director of Compliance and senior managers. Centre managers and staff had an opportunity to review the policies and then give feedback on any changes made.

Inspectors found there was a risk management framework in place which included an organisational risk register, a centre risk register and individual risk assessments for the young people. Risk was addressed for the young people through their

identification assessment and management of risk (IAMR), individual crisis support plans (ICSPs) and individual absent management plans (IAMPs) and reviewed regularly by the team at team meetings and case management meetings. Inspectors saw environmental risks such as weather and driving were currently input into young people's individual risks and could be managed more appropriately within a health and safety risk assessment. Inspectors noted risks identified for the young people were repetitive and recommend review of the current format and look at transferring into a safety plan or a care approach as a more viable option. The centre risk register did not capture the deficit of training in a recognised behaviour management model for some staff and how this was managed by the team on an ongoing basis when dealing with challenging behaviour. There was an on-call system in place which the team were aware of and could contact in an emergency.

Inspectors found that there was a system in place for when the centre manager was absent. The deputy centre manager stepped up for the centre manager when absent and there was a managers guide and information pack in place which outlined the roles and responsibilities of the manager in the centre. Inspectors saw evidence of weekly planning undertaken by the management team about what tasks were to be completed by each person relevant to the overall running of the centre and the young people's needs.

Compliance with Regulation	
Regulation met	Regulation 5 Regulation 6
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 5.2
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required:

- The centre manager must ensure that centre risks are captured within relevant documentation as opposed to within the young people's records.
- The centre manager must ensure that the deficit in training in a recognised behavioural management model is captured in the centre risk register and details how this is managed on an on-going basis.

Regulation 6: Person in Charge

Regulation 7: Staffing

Theme 6: Responsive Workforce

Standard 6.1 The registered provider plans, organises and manages the workforce to deliver child-centred, safe and effective care and support.

Inspectors found there was regular workforce planning undertaken in the centre at team meetings, senior meetings and management meetings. Any vacancies and new posts filled were discussed among the team and supports required in completing inductions were facilitated with induction training by a senior member of staff. There was an organisational deficit of staffing across the centres which resulted in one centre temporarily closing and an amalgamation of the teams to offset the deficits. This centre received two staff members from the closure of the sister centre which brought the centre into compliance with the Child Care (Standard in Children Residential Centres)1996, Part III Article 7 staffing , as outlines in the memo. from alternative care inspection and monitoring service, (ACIMS) April 2022.

The centre currently had the appropriate numbers of staff employed in line with its statement of purpose. The staff had the relevant experience and competencies needed to meet the needs of the young people which was evident from the staff interviews and from the file review in the centre regarding how they were managing and supporting the young people. There was a centre manager, deputy manager, three social care leaders and six social care workers. There were three relief staff linked to this centre and another three relief that were available across the organisation.

Inspectors reviewed a sample of staff files and found there were gaps within the files. It was noted there were gaps in police checks not being sought from the country of origin, gaps in curriculum vitae of where staff members had been and some references in place were not appropriate social care references where college placement references could have been used. Inspectors identified gaps in the training log sent, four staff required fire awareness, four required first aid, three required child protection and four required training in a recognised behaviour management model. The majority of the team had completed child sexual exploitation training online and inspectors recommend the remaining two staff also complete this given the current needs of the young people in the centre. All mandatory training must be completed by staff in a timely manner.

The roster showed there were three staff on shift per day, two sleepover staff and one dayshift staff. Inspectors reviewed the rosters from October to January and based on reviewing the rosters, daily logs and when interviewing staff, it was noted that there were indications that the dayshift was not regularly covered based on gaps in the dayshift on the roster, missing signatures in the daily log and what was reported to inspectors. Despite the lack of a third staff member on shift in some instances, inspectors did not see an impact on the young people's care because of this. Both the centre manager and deputy manager were available in the centre Monday to Friday to support the team if needed. However, with a new admission in the centre due to occur, staffing numbers would need to account for the needs of the young people and the roster must reflect the full team of three staff per day.

There were arrangements in place to promote staff retention and continuity of care. The staff identified a number of incentives available to them including refer a friend, paid maternity leave, yearly bonus, access to the organisation's psychologist, supervision and training were all mentioned by staff as to ways in which the organisation was supporting staff to remain in the centre. Five staff members left the centre since the last inspection to accept employment in day services and to return to a previous employer.

There was an on-call roster in place which was overseen by centre managers, deputy managers and social care leaders across the organisation on a rolling roster. There had been issues around the use of on-call which was addressed with staff during a team meeting and staff were now aware of the on-call policy and knew when to utilise it.

Compliance with Regulation	
Regulation met	Regulation 6 Regulation 7
Regulation not met	None Identified

Compliance with standards	
Practices met the required standard	Not all standards under this theme were assessed
Practices met the required standard in some respects only	Standard 6.1
Practices did not meet the required standard	Not all standards under this theme were assessed

Actions required:

- The director of service and the centre manager must ensure staff files have all the required details in place, including police checks and relevant references.
- The director of service and centre manager must ensure that all staff complete relevant mandatory training.

4. CAPA

Theme	Issue Requiring Action	Corrective Action with Time Scales	Preventive Strategies To Ensure Issues Do Not Arise Again
4	No actions identified.		
5	<p>The centre manager must ensure that centre risks are captured within relevant documentation as opposed to within the young people's records.</p> <p>The centre manager must ensure that the deficit in training in a recognised behavioural management model is captured in the centre risk register and detail how this is managed on an on-going basis.</p>	<p>The centre manager along with the Director of Services will ensure that all centre risks are recorded in our Health and Safety documentation. This has been completed. All learnings will be shared with the staff team at the next team meeting in two weeks' time.</p> <p>The centre manager will ensure that deficits within staff training on Therapeutic Crisis Intervention - Behaviour Management Model will be inputted into the centre risk register with guidance furnished on same. This will be completed at the next Monthly Managers meeting on the 05.04.23.</p>	<p>The senior management will ensure that all risks are managed separately and reviewed as part of Monthly Managers meetings etc. Through the auditing process we will ensure that all centre risks are recorded effectively and in the appropriate forum.</p> <p>The senior management team will review the centre risk register to ensure it encompasses all risks at senior management meetings and will also be reviewed through the auditing processes and learnings shared with the staff team.</p>

6	<p>The director of service and the centre manager must ensure staff files have all the required details in place, including police checks and relevant references.</p> <p>The director of service and centre manager must ensure that all staff complete relevant mandatory training.</p>	<p>The Director of Service has completed an overview of staff's files and any deficits required are identified will be in place which will include relevant references and police checks, this will be completed in two weeks' time.</p> <p>The Director of Service has identified relief staff to complete trainings to ensure all mandatory trainings are completed. These are scheduled within two weeks. All trainings will be completed by the 07th of April 2023.</p>	<p>The Director of Service along with HR will ensure that all necessary details are on staff's files, The Director of Service will ensure oversight and governance of same through auditing and reviewing staff files. This will be completed on an ongoing basis.</p> <p>The Director of Service will ensure that staff attend all mandatory training through ongoing auditing system on training and review of staff files. This will be completed on an ongoing basis.</p>
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